



CITY OF IONIA
DEPARTMENT OF PARKS AND RECREATION

439 W. Main Street, Ionia MI 48846 Phone: (616) 523-1800

Park/Facility Use Permit

Reservation Request: Rivertrail _____
Fun Forest Pavilion _____ \$32.00 Resident/\$40.00 Non-Resident
Harper Park Pavilion _____ \$32.00 Resident/\$40.00 Non-Resident
Harper Park Ball Field _____ \$5.00 per hour Resident/\$10.00 Non-Resident
_____ \$30.00 per day Resident/\$45.00 Non-Resident
Hale Park Building _____ \$32.00 w/o kitchen Resident/\$40.00 Non Resident
_____ \$50.00 w/kitchen Resident/\$58.00 Non-Resident
Harwood Sports Complex _____ Lower Field \$5.00 per hour/\$30.00 per day
_____ Upper Field \$5.00 per hour/\$30.00 per day

Date(s)

Time: From to # of persons expected

Purpose

Name (Print) Home Phone() Work Phone()

Address: City Zip

Name of Group/organization

Email: # of tables/chairs needed

In consideration of the furtherance of your purposes, objectives and work and in consideration of your permitting me, my child, ward or heir to participate in any program(s) or event(s) pertaining to the City of Ionia, Department of Parks and Recreation or the Ionia School District, I the undersigned, or if under 18 my parent or guardian, INTEND TO BE LEGAL BOUNDED HEREBY WAIVE AND RELEASE ANY AND ALL RIGHTS AND CLAIMS FOR DAMAGES WHETHER BASED UPON NEGLIGENCE OR ANY OTHER THEORY OF LAW, which I, my child, ward, or heir and our parents, guardians, heirs, executors, representatives, administrators, and assigns may have against The City of Ionia, department of Parks and Recreation, the Ionia School District, any affiliates or subsidiaries, officers, directors, shareholders, agents, employees associated with said corporations and associations, the municipalities or counties in or through which the programs or events take place or are conducted, as well as any other person, entity or sponsor connected with such programs or events, and their heirs, executors, representatives, administrators, successors, assigns, affiliates, officers, subsidiaries, directors, shareholders, employees or agents, FOR ANY AND ALL INJURIES OR DAMAGES INCLUDING DISABILITATING INJURY AND/OR DEATH WHICH I, MY CHILD, WARD OR HEIR MAY SUFFER while taking part in such programs or events as a result thereof.

ALL PARTICIPANTS DO SO AT THEIR OWN RISK.

Signature: _____
(If under 18 years of age, parent or guardian must sign)

I understand and agree to this.

(Signature of applicant) (Date)

Office Use Only

Approved: _____ Date _____

City of Ionia Parks and Recreation Department

Fee _____ Security Deposit \$25.00

Cash _____

Money Order _____

Check # _____ Charge: MC/VISA